

CLAIMS ONLY

Application Number
91807540

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		2				
3	1					
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		4				
24		1				
25		1				
26		1				
27		1				
28		2				
29		2				
30		2				
31		2				
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43		2				
44		2				
45		2				
46		2				
47		2				
48		1				
49		1				
50		1				
Total Indep						
Total Depend						
Total Claims						

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100						
Total Indep		3				
Total Depend		72				
Total Claims		75				